FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

	09	75	40	22
•		•	•	

OMB APPROVAL

OMB Number

3235-0076

Expires: April 30, 2008 Estimated average burden hours per response 16.00



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	SEC USI	ONLY
Prefix		Serial
	DATERE	CEIVED
	17/	
	W.	Va.

DE

Name of Offering (☐ check if this is an amendment ar Air2Web, Inc. Series A-1 and Series A-2	nd name has change	ed, and indicate	change.)	RECEIVED
Filing Under (Check box(es) that apply): ☐ Rule 504 Type of Filing: ☒ New Filing ☐ Amendment	□ Rule 505 🗵	Rule 506	Section 4(6) □ ULOE	CT : James
	A. BASIC II	ENTIFICATI	ON DATA	1//
Enter the information requested about the issuer			/XC)	\(\(\int_{\int}\)\)
Name of Issuer (☐ check if this is an amendment and a Air2Web, Inc.	name has changed,	and indicate cha	nge.)	303/3/
Address of Executive Offices (Number and Street, City, Promenade II	State, Zip Code)		Telephone Num 404.942.5301	ber (Including Area Code)
1230 Peachtree Street, N.E., 12th Floor				
Atlanta, GA 30309			1	
Address of Principal Business Operations (Number and S (if different from Executive Offices)	Street, City, State, 2	Zip Code)	Telephone Num	ber (Including Area Code)
Brief Description of Business				PROCESSE
Provides wireless technology solutions to enable infor	mation to be sent	across any cari	ier, network or device.	
Type of Business Organization				OCT 3 1 2006
•	utnership, already i		Other (please specify):	201 2 7 2000
☐ business trust ☐ limited pa	rtnership, to be for	med		THOMSUN
	Month	Year		FINANCIAL
Actual or Estimated Date of Incorporation or Organization	n: 09	2001	⊠ Actual	☐ Estimated
Jurisdiction of Incorporation or Organization: (E	nter two-letter U.S.	Postal Service	abbreviation for State:	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administration in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

BU

A. BASIC IDENTIFICATION DATA (continued)

2. Enter the information requested for the following

1230 Peachtree Street, N.E., 12th Floor, Atlanta, Georgia 30309

- · Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose or direct the vote or disposition of, 10% or more of a class of equity securities
 of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;
 and

Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Malik, Sanjoy Business or Residence Address (Number and Street, City, State, Zip Code) 1230 Peachtree Street, N.E., 12th Floor, Atlanta, GA 30309 Check Box(es) that Apply: ☐ Promoter 🖾 Beneficial Owner 🖾 Executive Officer 🖾 Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Chaudhry, Jay Business or Residence Address (Number and Street, City, State, Zip Code) 1230 Peachtree Street, N.E., 12th Floor, Atlanta, GA 30309 ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director **Managing Partner** Full Name (Last name first, if individual) Batta, Raggu, Business or Residence Address (Number and Street, City, State, Zip Code) 1230 Peachtree Street, N.E., 12th Floor, Atlanta, GA 30309 ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Nussey, William Business or Residence Address (Number and Street, City, State, Zip Code) 4177 Gateswalk Drive, Smyrna, Georgia 30080 □ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer **Managing Partner** Full Name (Last name first, if individual) Koh, Jay Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Pennsylavnia Avenue, N.E., Washington D.C. 20004 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Cagle, Jeffrey Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	A	BASIC IDE	NTIFICATION DA	ra (continu	ed)	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first Sheth, Jay	t, if individual)		- 11-11-1-11			
Business or Residence Add			- '			
1230 Peachtree Street, N. Check Box(es) that Apply:	· ·	Atlanta, Georgia 30305 Zi Beneficial Owner		☐ Director	General and/or	
					Managing Partner	
Full Name (Last name first	, if individual)					•
Business or Residence Add	lress (Number a	nd Street, City, State, Zi	p Code)			<u> </u>
Check Box(es) that Apply: Managing Partner	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or	
Full Name (Last name first, Carlyle Venture Partners	III, L.P.					
Business or Residence Add		nd Street, City, State, Zi	p Code)			
1001 Pennsylvania Avenu Washington, DC 20002	ie, NW					
Check Box(es) that Apply: Managing Partner	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or	-
Full Name (Last name first, CVP III Coinvestment, L.						
Business or Residence Add		nd Street, City, State, Zip	p Code)			
1001 Pennsylvania Avenu	e, NW					
Washington, DC 20002						
Check Box(es) that Apply: Managing Partner	☐ Promoter	🗷 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or	
Full Name (Last name first,						
Vantagepoint CDP Partne Business or Residence Addr		nd Street, City, State, Zip	o Code)			
1001 Bayhill Drive, Suite 3						
San Bruno, CA 94066						
Check Box(es) that Apply: Managing Partner	☐ Promoter	🗷 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or	
Full Name (Last name first, Chaudry Enterprises, L.L.						
Business or Residence Addr		d Street, City, State, Zip	Code)			
105 Dalrymple Rd. Atlanta, GA 30328						
Check Box(es) that Apply: Managing Partner	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or	
Full Name (Last name first, i	if individual)					
Business or Residence Addre	ess (Number an	d Street, City, State, Zip	Code)			
Check Box(es) that Apply: Managing Partner	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or	
full Name (Last name first, i	f individual)					
Business or Residence Addre	ess (Number and	f Street, City, State, Zip	Code)			

3 of 9

					B. IN	FORMA	TION A	BOUT O	FFERIN	<u>G</u>	-		
1. 1	Has the iss	uer sold or	does the is	ssuer inten	d to sell, to) non-accre	edited inve	stors in th	is offering	?		Yes □	No 🖾
			•	Answe	r also in A	ppendix, C	Column 2,	if filing un	der ULOE	i.			
2.	What is the	minimum	investmer	it that will	be accepte	ed from any	y individua	al?	•••••	,		\$N/A	
												Yes	No
3. I	Does the o	ffering per	mit joint o	wnership	of a single	unit?						🗖	X
r F ti	emunerationers	on for solic gent of a bi) persons t	itation of proker or de	ourchasers aler regist	in connect ered with t	tion with s he SEC an	ales of sec	urities in the state or s	he offering tates, list t	tly, any co g. If a persone the name of orth the inf	on to be lis the broke	sted is an a r or dealer	. If more
Fuil N	lame (Last	name first	, if individ	ual)									
Busine	ess or Resi	dence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)						
Name	of Associa	ted Broker	r or Dealer										
	in Which l k "All State										•••••	🗆 All	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] {KS} [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N	ame (Last	name first	t, if individ	lual)				<u> </u>	, <u>, , , , , , , , , , , , , , , , , , </u>				
Busine	ss or Resid	lence Addi	ress (Numl	per and Str	eet, City, S	State, Zip (Code)			<u> </u>			
Name (of Associa	ted Broker	or Dealer										
	in Which P											🗖 All	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI} [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Na	me (Last r	ame first,	if individu	al)				·					
Busines	s or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip C	Code)						
Vame o	of Associat	ed Broker	or Dealer		1, 1 <u> </u>								
	n Which P											🗆 All	States
AL] IL} MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	(AR) (KS) (NH) (TN)	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) (MI) (OH) (WV)	[GA] (MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

4 of 9

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering check this box \square and indicate in the column below the amounts of securities offered for exchange and already exchanged.

Type of Security		Aggregate Offering Price	Amount Already Sold
Debt			\$
Equity	-	23,499,991.59	\$23,499,991.59
☐ Common 🖾 Preferred	_		
Convertible Securities (including warrants)	\$		\$
Partnership Interests	S		\$
Other	<u>\$</u>		\$
Total	<u>\$</u>	23,499,991.59	\$23,499,991.59
Answer also in Appendix, Column 3, if filing under ULOE *Represents the maximum dollar amount the Issuer will receive upon exercise of the Warrants if when exercised, assuming an exercise price of \$0.2604 and a Warrant to purchase 2,304,148 share 1. Enter number of accredited and non-accredited investors who have purchased securities this offering and the aggregate dollar amounts of their purchases. For offerings under 1 504 indicate the number of necessary who have purchased securities and the necessary of	es. es in Rule		
504, indicate the number of persons who have purchased securities and the aggregate de amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	oliar 	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		4	\$23,499,991.59
Non-accredited Investors			
Total (for filings under Rule 504 only)			
Answer also in Appendix, Column 4, if filing under ULOE 1. If this filing is for an offering under Rule 504 or 505, enter the information requested for securities sold by the issuer, to date, in offerings of the types indicated in the twelve months prior to the first sale of securities in this offering. Classify securities by type listed Part C-Question 1.	(12)		
Type of offering		Type of Security	Dollar Amount Sold
Rule 505	<u>\$</u>		\$
Regulation A	\$		\$
Rule 504	\$		\$
Total	\$		\$
3. a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expense the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of estimate.	s of ount		
Transfer Agent's Fees			\$
Printing and Engraving Costs			\$
Legal Fees (estimate)	*************		\$ 164,758.00
Accounting Fees			\$
Engineering Fees			\$
Sales Commissions (Specify finder's fees separately)			\$
Other Expenses (identify) (Blue sky filing fees)			\$ 800.00

	· Total		X	\$23,334,433.59
_	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSES AND U	SE OF PROCEE	CDS (continued)
	I and total expenses furnished in res	egate offering price given in response to Part C-Question sponse to Part C-Question 4.1. This difference is the		\$23,334,433.59
4.	for each of the purposes shown. If the arr	gross proceeds to the issuer used or proposed to be used to nount for any purpose is not known, furnish an estimate te. The total of the payments listed must equal adjusted t-C-Question 4.b. above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	_\$
	Purchase of real estate		\$	\$
	Purchase, rental or leasing and installa	tion of machinery and equipment	\$	□ \$
	Construction or leasing of plant buildi	ngs and facilities	\$	□ \$
	Acquisition of other businesses (inclu- may be used in exchange for the asset	ding the value of securities involved in this offering that s or securities of another issuer		
	Pursuant to a merger)		\$	□\$
	Repayment of indebtedness		\$	□ <u>\$</u>
	Working capital		\$	⊠\$23,334,433.59
	Other (specify)		\$	□ \$
			S	⊠\$23,334,433.59
	Total Payments Listed (column tota	ls added)	\$23	,334,433.59
				
		D. FEDERAL SIGNATURE		
sign	ature constitutes an undertaking by the issue	ed by the undersigned duly authorized person. If this nor to furnish to the U.S. Securities and Exchange Commoredited investor pursuant to paragraph (b)(2) of Rule 502	ission, upon written	
ssu	er (Print or Type)	Signature	ate	1,1 ¹
Air	Web, Inc.	Mallis	ptember, 2006	
Van	ne of Signer (Print or Type)	Title of Signer (Print or Type)		**·-

ATTENTION

President and Chief Executive Officer

Sanjoy Malik

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	•		
	E. STATE SIGNATURE		
ī.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice (17 CFR 239.500) at such times as required by state law.	ice on F	orm D
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by offerees	y the is	suer to

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature
Air2Web, Inc.	September_, 2006
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Sanjoy Malik	President and Chief Executive Officer

APPENDIX

ı	2 3				5					
	Intend to sell to Type of security							Disqualification Under State ULOE (if yes,		
	Non-a	ccredited	and aggregate	Ē				Att	ach	
]		stors in State	offering price offered in state		Type of inv amount purch			Explan: Waiver	ation of granted)	
		B-Item 1)	(Part C-Item 1)		(Part C-	(tem 2)	y	(Part E		
State	Yes	No	Series A-1 and Series A-2 Pre	Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No	
AL						22.0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
AK							-			
AZ										
AR		<u> </u>								
CA		х	\$4,999,996.73	1	\$4,999,996.73	0	0		Х	
co	•									
СТ										
DE										
DC		x	\$14,999,998.37	2	\$14,999,998.37	0	0		х	
FL										
GA		Х	\$3,499,996.49	1	\$3,499,996.49	0	0		X	
HI		-								
ID						· · · · -				
IL										
IN										
IA										
KS		 								
KY				· · · · · · · · · · · · · · · · · · ·						
LA		· <u></u>								
ME										
MD										
MA										
MI										
MN										

	APPENDIX									
MS										
мо										
MT										
NE							-			
NV	 			 						
NH										
NJ										
Ι.					_	<u></u>	ļ	ļ		
NM										
NY				V						
NC							!			
ND										
он										
ок										
OR										
PA					<u></u>					
RI	ļ <u>ļ</u>									
SC				-	<u> </u>	<u> </u>	<u>"</u>			
SD										
TN										
TX										
UT										
VT										
VA								-		
WA				+			_			
WV										
VI										
VY										

9 of 9